



Ohio Revised Code

Section 3923.86 Statement provided to insureds under vision policy.

Effective: March 20, 2019

Legislation: House Bill 156 - 132nd General Assembly

(A) As used in this section, "covered vision services," "vision care materials," and "vision care provider" have the same meanings as in section 3963.01 of the Revised Code.

(B) A sickness and accident insurer or public employee benefit plan shall provide the information required in this division to all insured individuals receiving coverage under an individual or group policy of sickness and accident insurance or public employee benefit plan providing coverage for vision care services or vision care materials. The information shall be in a conspicuous format, shall be easily accessible to insured individuals, and shall do all of the following:

(1) Include the following statement:

"IMPORTANT: If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you his or her normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request."

(2) Disclose any business interest the insurer or plan has in a source or supplier of vision care materials ;

(3) Include an explanation that the insured individual may incur out-of-pocket expenses as a result of the purchase of vision care services or vision care materials that are not covered vision services. The explanation shall be communicated in a manner and format similar to how the insurer or plan provides an insured individual with information on coverage levels and out-of-pocket expenses that may be incurred by the insured individual under the policy or plan when purchasing out-of-network vision care services or vision care materials.

(C) A pattern of continuous or repeated violations of this section is an unfair and deceptive act or



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practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.